Arkansas Veterans Memorial Grant Application

County/City Population of County/City				
County judge's name				
Mayor's Name (if applicable)				
Location of Memorial				
Amount for which you are applying	\$			
Total project cost	\$			
What is the project for which you are applying? (Briefly describe)				
Cost Estimate Breakdown Please itemize the cost estimate for the project below as much as possible. You may add extra sheets if necessary. Backup documentation for each line, including in-kind materials and labor, is required (professional estimates, cat intent to donate, etc.)				
<u>ltem</u>	<u>Cost</u>			
	\$			
	 \$			
	\$			
	\$			
	\$			
	\$			
TOTAL PROJECT COST	\$\$			

List the name, address, phone and fax numbers of two contact persons who are knowledgeable about the application. **The third column is for the county judge.**

NOTE: The individual listed in column one will receive all correspondence regarding application status in addition to the county judge or mayor (who will receive all original correspondence). Individuals in column two will only be contacted if ADVA staff are unable to contact the individual in column one.

Contact Name			
	(1)	(2)	(3)
Title	(1)	(2)	(3)
Address	(1)	(2)	(3)
	(1)	(2)	(3)
City, State, Zip			
Day Dhana	(1)	(2)	(3)
Day Phone	(1)	(2)	(3)
Fax	(' /	(2)	(0)
	(1)	(2)	(3)
Email Address	(4)	(0)	(0)
	(1)	(2)	(3)

With my signature below, I do hereby certify that I have read, understand, and support the above application for grant funds through the Arkansas Rural Community Grant Program. I further certify that I have read, understand, and agree to abide by the rules and regulations governing the grant programs.

Signature of County Judge / Date Signed	
Signature of Contact Person / Date Signed	

Please carefully review the application and be sure that you have completely answered every question. This document must be postmarked with all backup documentation required no later than 4:30 p.m. on the application deadline.